

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027474

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 215

FILED JUL 24 1963

1. PLACE OF DEATH

a. COUNTY

Callaway County

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Fulton, Missouri

Length of stay in 1b

35 yrs. 3 mos.

c. CITY

OR
TOWN

Wellsville

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

State Hospital No. 1

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

AUDRA

Middle

B.

Last

COBB

4. DATE

OF
DEATH

Month

July

Day

18,

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 26, 1904

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Montgomery County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edmond Cobb

13b. MOTHER'S MAIDEN NAME

Stella McCowan

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of s

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Records of State Hospital No. 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

State Hospital No. 1

Apr. 17, 1928

to July 18, 1963

and last saw her alive on

July 18, 1963

21. I attended the deceased from

6 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edmond Cobb

22b. ADDRESS

Fulton, Missouri

22c. DATE SIGNED

7/19/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-21-63

23c. NAME OF CEMETERY OR CREMATORY

Wellsville Cemetery

23d. LOCATION (City, town, or county)

Wellsville

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Myers. Funeral Home Wellsville, Mo. 20 July 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.